Florida Department of Education
SAPC (School Age Professional Certificate) Program
Record of Issuance

Name and Title of person submitting this form: _____

Phone number/e-mail address: _____

Student SS# or DCF ID#	Student's First Name	Student's Last Name	Student's Address	Name of School	School District	Certificate Number	Date of Issue

****This form must be submitted to Beth Gladden at DOE in January and June of each school year (Beth.Gladden@fldoe.org)**